

| | | | | |
|--|--|--|---|--|
| SERIAL NUMBER <div style="text-align: center;">09/444,317</div> | FILING DATE <div style="text-align: center;">11/22/99</div> | CLASS <div style="text-align: center;">710 345</div> | GROUP ART UNIT <div style="text-align: center;">2781 2674</div> | ATTORNEY DOCKET NO. <div style="text-align: center;">SE9-99-007-(</div> |
|--|--|--|---|--|

APPLICANT

JAMES S. LIPSCOMB, YORKTOWN HEIGHTS, NY; SIH-PIN SUBRINA CHANG, OLD TAPPAN, NJ; SHU-CHUN JEANE CHEN, CHAPPAQUA, NY; KEERANOOR G. KUMAR, RANDOLPH, NJ; JAI MENON, CROTON-ON-HUDSON, NY; ARUN RAMCHANDRA, DANBURY, CT; LIANG-JIE ZHANG, WHITE PLAINS, NY; ROBERT C. PLOTKIN, DOBBS FERRY, NY; ERIC H. ROFFMAN, TENAFLY, NJ.

****CONTINUING DOMESTIC DATA******* *none*

VERIFIED

****371 (NAT'L STAGE) DATA******* *none*

VERIFIED

****FOREIGN APPLICATIONS******* *none*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/16/99

| | | | | | |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NY | SHEETS DRAWING 7 | TOTAL CLAIMS 27 | INDEPENDENT CLAIMS 9 |
|---|---|------------------------|---------------------|--------------------|-------------------------|

Verified and Acknowledged *Dr* _____

Examiner's Initials Initials

ADDRESS

MORGAN & FINNEGAN LLP
 345 PARK AVENUE
 NEW YORK NY 10154

TITLE

SYSTEM AND METHOD FOR RECONCILING MULTIPLE INPUTS

| | | |
|---|---|--|
| FILING FEE RECEIVED <div style="text-align: center;">\$1,484</div> | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other |
|---|---|--|